

1.) CORPORATION NAME:

Chartis Casualty Company

DUE DATE: **1/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

11 S 12TH ST

PO BOX 1463

SCC ID NO: **F0446205**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	120,000

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 175 WATER STREET, 18TH FL.

CITY/ST/ZIP: NEW YORK, NY 10038-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: ROBERT SCOTT SCHIMEK
TITLE: E.V.PRESIDENT
ADDRESS: 175 WATER ST
30TH FL
CITY/ST/ZIP/CO: NEW YORK, NY 10038-

☒

OFFICER

☒

DIRECTOR

NAME: KRISTIAN COB MOOR
TITLE: COB/DIR
ADDRESS: 175 WATER STREET
CITY/ST/ZIP/CO: NEW YORK, NY 10038-

☐

OFFICER

☒

DIRECTOR

NAME: DAVID LAWRENCE HERZOG
TITLE: DIRECTOR
ADDRESS: 180 MAIDEN LANE
12TH FLOOR
CITY/ST/ZIP/CO: NEW YORK, NY 10038-

☐

OFFICER

☒

DIRECTOR

NAME: MONIKA MARIA MACHON
TITLE: DIRECTOR
ADDRESS: 180 MAIDEN LANE
12TH FLOOR
CITY/ST/ZIP/CO: NEW YORK, NY 10038-

NAME:	MARK TIMOTHY WILLIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 SOUTH RIVERSIDE PLAZA SUITE 2100		
CITY/ST/ZIP/CO:	CHICAGO, IL 60606-		
NAME:	JOHN QUINLAN DOYLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	175 WATER STREET 30TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038-		
NAME:	SEAN T. LEONARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	180 MAIDEN LANE 10TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038-		
NAME:	FRANK HIENMEN DOUGLAS, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	E.V.PRESIDENT		
ADDRESS:	180 MAIDEN LANE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038-		
NAME:	DAVID NEIL FIELDS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	E.V.PRESIDENT		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038-		
NAME:	RUSSELL MARK JOHNSTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO/E.VP		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038-		
NAME:	CHRISTOPHER V. BLUM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR.VP		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038-		
NAME:	SEAN T. LEONARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VP		
ADDRESS:	180 MAIDEN LANE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038-		
NAME:	GARY EUGENE MUOIO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR.VP		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	NEW YORK, VA -		
NAME:	THOMAS C. TUCKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR.VP		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	NEW YORK, VA -		

NAME:	THOMAS C. TUCKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR.VP		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	N, VA -		
NAME:	RICHARD C. WOLLAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR.VP		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	NEW YORK, VA -		
NAME:	JACQUELINE M. ALVINO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	180 MAIDEN LANE		
CITY/ST/ZIP/CO:	NEW YORK, VA -		
NAME:	SUSAN E. COLFORD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	180 MAIDEN LANE		
CITY/ST/ZIP/CO:	NEW YORK, VA -		
NAME:	AGUSTIN FORMOSO, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	NEW YORK, VA -		
NAME:	GREGORY J. GIARDIELLO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	180 MAIDEN LANE		
CITY/ST/ZIP/CO:	NEW YORK, VA -		
NAME:	CRAIG W. LESLIE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	80 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, VA -		
NAME:	JOSEPHINE B. LOWMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	180 MAIDEN LANE		
CITY/ST/ZIP/CO:	NEW YORK, VA -		
NAME:	JAMES JOHN ROWLAND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12 METROTECH CENTER		
CITY/ST/ZIP/CO:	BROOKLYN, VA -		
NAME:	JOHN HUGH SHALAIDA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	180 MAIDEN LANE		
CITY/ST/ZIP/CO:	NEW YORK, VA -		

NAME:	ADAM CRAIG REED	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST. VP		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	NEW YORK, VA -		
NAME:	SALVATORE ANTHONY BRANCA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST.VP		
ADDRESS:	100 CONNELL DRIVE		
CITY/ST/ZIP/CO:	BERKELEY HEIGHTS, VA -		
NAME:	CHRISTOPHER V. BLUM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	GEN.GOUNSEL		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	NEW YORK, VA -		
NAME:	DENIS M. BUTKOVIC	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	NEW YORK, VA -		
NAME:	MARTIN J. BOUGE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	NEW YORK, VA -		
NAME:	CRAIG W. LESLIE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	80 PINE STREET		
CITY/ST/ZIP/CO:	NEW, VA -		
NAME:	NATHAN A. ROGERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	180 MAIDEN LANE		
CITY/ST/ZIP/CO:	NEW YORK, VA -		
NAME:	GREGORY J. GIARDIELLO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COMPTROLLER		
ADDRESS:	180 MAIDEN LANE		
CITY/ST/ZIP/CO:	NEW YORK, VA -		
NAME:	NEIL P. MCDERMOTT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST.COMPTROLLE		
ADDRESS:	12 METROTECH CENTER		
CITY/ST/ZIP/CO:	BROOKLYN, VA -		
NAME:	JAMES JOHN ROWLAND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST.COMPTROLLE		
ADDRESS:	12 METROTECH CENTER, 27TH FL		
CITY/ST/ZIP/CO:	BROOKLYN, VA -		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	<div style="text-align: right;"> <input checked="checked" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </div> FRANK HIENMEN DOUGLAS, JR. ASST.COMPTROLLE 180 MAIDEN LANE NEW YORK, VA -
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	<div style="text-align: right;"> <input checked="checked" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </div> FRANK HIENMEN DOUGLAS, JR. ACTUARY 180 MAIDEN LANE NEW YORK, VA -
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ DENIS M. BUTKOVIC SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<div style="display: flex; justify-content: space-between;"> <div> DENIS M. BUTKOVIC, <u>SECRETARY</u> PRINTED NAME AND CORPORATE TITLE </div> <div> <u>2/7/2011</u> DATE </div> </div>
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	